

**EMPLOYMENT & TRAINING FUND (ETF)--EMPLOYER REFERRAL AGREEMENT**  
**Department of Labor and Industrial Relations (DLIR), Workforce Development Division (WDD)**



**THIS REQUEST MUST BE RECEIVED BY ETF AT LEAST 2 WEEKS PRIOR TO THE START DATE OF A CLASS**

Employer or Authorized Representative: \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Federal ID# \_\_\_\_\_  
Employer's DOL # \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Company (dba) \_\_\_\_\_ Parent Company \_\_\_\_\_  
Type of Business \_\_\_\_\_ # Employees \_\_\_\_\_ ☐ For Profit ☐ Non-Profit

**EMPLOYER:** I certify that 1) the requested training is necessary to improve or upgrade the workforce skills of the employee listed below; 2) our company does not have an in-house training program; and 3) the employee listed below is not a government subsidized employee of this company.

**Our company understands ETF's assistance is defined as a tuition cap not to exceed \$500 per course and we hereby agree to:**

1) pay fifty percent (including tax, if applicable) of the ETF assistance and any excess balance thereof that exceeds the assistance directly to the training vendor prior to the start date of a class without liability to the State; 2) notify the training vendor and ETF of any enrollment cancellations or substitutions at least 5 days prior to the start date of the class; and 3) participate in any relevant training evaluations or follow-up surveys the DLIR may request. (Note: For substitutions, a separate Employer Referral Agreement form must be completed and mailed to ETF for approval). It is understood that our company will be responsible for any costs incurred for not complying with the above terms and failure to do so would result in the employer or employee being suspended from accessing ETF funds for a period of one year or more and the DLIR-WDD may disapprove or terminate this Agreement at any time without liability to the State.

► **Authorized Employer Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYEE INFORMATION** will be used by DLIR to track training data. The training vendor listed below will receive name and social security and home/work phone number(s) for registration, cancellation, and/or reminder purposes.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male ☐ Female ☐

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_ E-mail \_\_\_\_\_

U.S. Citizen: Yes ☐ No ☐ If no, attach copy of official documents showing legal right to work in the United States.

Job Title \_\_\_\_\_ Owner ☐ Supervisor/Manager ☐ Employee ☐

**ATTACH ETF COURSE REGISTRATION FORM AND SUBMIT WITH THIS FORM TO ETF WHEN REQUESTING TRAINING\***

Request for Training Vendor (print): \_\_\_\_\_

I hereby authorize the training vendor noted above to release any of the above information to the State Department of Labor and Industrial Relations to track employee services and training data. I agree to complete all classes & activities as scheduled and participate in DLIR evaluations of any training received through ETF. I understand and have discussed with my employer the above terms. I am currently not qualified for any other federal, state or county training programs. **I understand if I fail to attend a class without properly notifying ETF, the DLIR shall impose upon me a one-year suspension from the ETF Employer Referral Program for the first occurrence and a lifetime suspension for any additional no-shows.** I agree that if the information provided herein is proven to be false, the DLIR may revoke my privilege to access ETF funds.

► **Employee Signature:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Print Name/Sign)

Auxiliary aids and services are available upon request. Call ETF at 808/586-8847 (TTY), or 1/888/569-6859 (TTY Neighbor Islands). It is the policy of DLIR that no person shall, on the basis of race, color, sex, marital status, religion, creed, ethnic origin, national origin, age, disability, ancestry, arrest/court record, sexual orientation, and National Guard participation, be subjected to discrimination, excluded from participation in, or denied the benefits of DLIR's services, programs, activities, or employment.

**\*BEFORE ATTENDING CLASS, STATE DLIR MUST GIVE PRIOR WRITTEN APPROVAL. CHECK WITH YOUR EMPLOYER TO CONFIRM ENROLLMENT**

► **ETF ONLY: Approved by WDD Branch:** \_\_\_\_\_ **BY** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Local Office Control #** \_\_\_\_\_ **ETF (50%) Cost \$** \_\_\_\_\_ **Employer's (50%) Cost \$** \_\_\_\_\_ **Employer's excess balance \$** \_\_\_\_\_

SECTION I. STATE WORKFORCE DEVELOPMENT DIVISION Employment and Training Fund Program Course Registration/Agreement	
(Please print or type)	
Name of Participant: _____ Last, First, Middle Initial	Soc. Sec. No: _____
Participant's E-mail : _____	
Address: _____	Res Ph: (808) _____
_____	Bus Ph: (808) _____
Company Name: _____	Fax Ph: (808) _____
Company Address: _____	Contact Name: _____
Name of Training Vendor (School): _____	Location: _____

				BREAKDOWN OF TUITION COST		
Course No. & Section	Course Title	Class Dates	Total Tuition * (See Section IV below)	ENTER DLIR/ETF costs (50% of ETF assistance)	ENTER Employer's costs (50% of ETF assistance)	ENTER Excess balance exceeding tuition cap
			\$			\$
If applicable, include 4% tax for excess balance only			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	
<b>TOTAL</b>			\$	\$	\$	\$

**SECTION II. TO BE COMPLETED BY TRAINING VENDOR:**

☐ Enrollment confirmed by \_\_\_\_\_  
(Print/Sign Name of Authorized Representative) AND (Print Name of School)

<b>SECTION III. (To be completed by WDD/ETF only)</b>		PO# _____	Local Off. Control # _____
HONOLULU OFFICE [ ] 586-8703	KONA OFFICE [ ] 327-4770	HILO OFFICE [ ] 981-2860	MAUI OFFICE [ ] 984-2091
		MOLOKAI OFFICE [ ] 553-1755	KAUAI OFFICE [ ] 274-3056
ENROLLMENT APPROVED BY: _____ DATE ____/____/____ <small>WDD/ETF Representative, (print name here) :</small>			

**\* SECTION IV. Employer/Training Vendor Agreement** (This section **must** be completed by employer and training vendor)

**EMPLOYER:** The undersigned understands ETF assistance is defined as a tuition cap not to exceed \$500 per course, including tax, if applicable. Our company hereby agrees to pay fifty percent of the assistance, and any balance that exceeds the cap, including tax if applicable, directly to the training vendor noted below prior to the start date of a class without liability to the State DLIR. The Employer's total cost, including any excess balance, is \$ \_\_\_\_\_ (this amount *does not* include DLIR/ETF's 50% of the cost).

\_\_\_\_\_  
 Authorized Signature/Title, Company Name      Print Name: \_\_\_\_\_ DATE: \_\_\_\_\_

**TRAINING VENDOR:** The undersigned hereby agrees to be solely responsible for collecting directly from the employer noted above \$ \_\_\_\_\_, which is the employer's total cost and does not include DLIR/ETF's 50% of the cost. The undersigned hereby agrees not to hold DLIR/ETF liable for any uncollected monies owed by the company named above.

\_\_\_\_\_  
 Authorized Signature (Print/Sign Name)      Print Name of Training Vendor (School) DATE: \_\_\_\_\_

**INSTRUCTIONS (Effective January 3, 2005)**  
**EMPLOYMENT AND TRAINING FUND (ETF) PROGRAM'S**  
**EMPLOYER REFERRAL & COURSE REGISTRATION AGREEMENT FORM**

***IMPORTANT: Please review this instructional page before MAILING the Agreement forms to ETF***

Employers are required to contribute 50% of the ETF assistance provided by the Department of Labor & Industrial Relations (DLIR/ETF). Before applying, review these instructions and contact the vendor of choice. All requests must have the correct tuition amount(s) stated on the course registration agreement form. *Complete and sign* the two-page agreement forms, and MAIL to the WDD local office (see ETF website [www.dlir.state.hi.us](http://www.dlir.state.hi.us)). Upon receipt, ETF will determine eligibility and, if approved, will forward the registration to the training vendor to confirm enrollment. ETF will then fax the registration back to the employer and vendor giving its final written approval. The employer and vendor must arrange payment prior to start date of class. Government workers are not eligible for ETF assistance.

**Employer Referral Agreement (Page 1 of 2)**

- Both the employer and employee must sign the agreement forms before submitting. These forms must be received by ETF at least two weeks prior to the start date of the class. The employer's cost is 50% of the assistance and any excess balance thereof, including tax, if applicable, and **must be paid directly to the ETF training vendor** prior to the start date of the class. Some vendors have discounts and/or may not charge tax, so contact vendor first to obtain *exact* prices. Be sure to ENTER the employer's DOL # (Dept. of Labor) assigned by the Unemployment Insurance Division for payroll purposes.

**Course Registration Agreement (Page 2 of 2) CONTACT VENDOR FOR EXACT PRICE INFORMATION.**

- Section I & Section IV.** Employer must complete *both* Sections I and IV. Course prices should be exact amounts, so check with vendor; otherwise, there may be delays in approving your registration. The employer's cost of tuition shall be paid directly to the vendor prior to the start date of the class. ETF assistance has a tuition cap of \$500 per course, tax inclusive. Therefore, the employers' cost would be 50% of the assistance as long as it does not exceed \$250 (tax inclusive). If the course exceeds \$500, then the employer must pay 50% of the cost plus any excess balance thereof, and tax if applicable, directly to the vendor. FOR EXAMPLE, if the vendor's price for an ETF approved course is \$200, then ENTER \$100 in both the DLIR/ETF and Employers' cost columns (DO NOT add tax). However, if the price exceeds the tuition cap and is \$700, then ENTER \$250 for DLIR/ETF and \$250 for the Employers' cost (DO NOT add tax, it is already included), and ENTER the excess of \$200 and, if applicable, ADD tax; making the total employer's cost \$458.00 (see sample chart below).

BREAKDOWN OF TUITION COST					
	Total Tuition (plus tax on excess balance only)	DLIR/ETF costs: (50% ETF assistance)	Employer's cost: (50% ETF assistance pay directly to vendor)	Excess Balance: (paid by employer directly to vendor)	Total Employer Cost:
Tax on excess only	\$ 700.00	\$250	\$250	\$200	= \$450.00
	\$ 8.00	(tax is already included)	(tax is already included)	\$ 8 (tax on excess)	= 8.00
<b>Total</b>	<b>\$ 708.00</b>	<b>\$ 250</b>	<b>\$ 250 +</b>	<b>\$208</b>	<b>= \$458.00</b>

**IMPORTANT:** Contact the training vendor directly for more information on ETF approved courses and exact tuition amounts (some vendors provide a tuition discount to the State, which is different from their published prices).

- Section II and IV.** To be completed and signed by the Training Vendor.
- Section III.** To be completed by ETF.
- Section IV.** This section *must* be completed by *both* the employer and training vendor. Enter the employer's cost of 50% of the assistance plus any excess balance, including tax, if applicable. The employer must sign and date this section before MAILING to ETF. Upon receipt, ETF will determine eligibility and then forward the registration to the vendor to confirm enrollment. ETF will forward its written approval to both the employer and vendor. Employer must contact vendor directly to arrange payment. All requests must have the correct tuition amount(s) stated on the course registration agreement form.
- Any modifications to an *already approved* form must be resubmitted on new Employer Referral and Course Registration Agreement forms with the authorized signatures and **MAILED and received** by ETF 1 week prior to start date of the class. To attend a class that has been canceled by the vendor & rescheduled to another date, course title, price, & hours must remain the same. Complete/sign the ETF "Requesting a Change in Course Schedule (RCCS)" form provided by the vendor.

## **Employment & Training Fund Program**

### **Employer Referral Program**

### **Contact Information for Local Branch Offices**

#### **Oahu**

##### **Honolulu Office**

830 Punchbowl Street, Room 112  
Honolulu, Hawaii 96813  
Phone: (808) 586-8703  
Fax: (808) 586-8724

#### **Hawaii**

##### **Hilo Office**

1990 Kionoole Street, Rm. 102  
Hilo, Hawaii 96720  
Phone: (808) 981-2860  
Fax: (808) 981-2880

#### **Kona Office**

Kaiwi Square  
74-5565 Luhia Street, C-4  
Kailua-Kona, Hawaii 96740  
Phone: (808) 327-4770  
Fax: (808) 327-4774

#### **Maui and Lanai**

##### **Wailuku Office**

2064 Wells Street, Suite 108  
Wailuku, Hawaii 96793  
Phone: (808) 984-2091  
Fax: (808) 984-2090

#### **Molokai**

##### **Kaunakakai Office**

55 Makaena Place  
P.O. Box 929  
Kaunakakai, Hawaii 96748  
Phone: (808) 553-1755  
Fax: (808) 553-1754

#### **Kauai**

##### **Lihue Office**

3100 Kuhio Highway, Suite C-10  
Lihue, Hawaii 96766  
Phone: (808) 274-3056  
Fax: (808) 274-3059